Army Medical Readiness for Avian Influenza/SARS

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Key Issues

- **Army Medical Department Readiness for epidemic/pandemic**
- **When to implement special health powers**
- **Way Forward**

PROPONENCY OFFICE FOR PREVENTIVE MEDICINE

Information Briefing

ARMY MEDICINE
CARING BEYOND THE CALL OF DUTY.

PROPONENCY OFFICE FOR PREVENTIVE MEDICINE

Background

- **Mar 03: Appearance of SARS in Asia and Canada**
- **12 May 03: DoD Directive 6200.3, Emergency Health Powers on Military Installations,**
- **30 Oct 03: Health Affairs tasker to implement DoD Directive 6200.3**
- **30 Mar 04: Army MEDCOM tasker to RMCs/MTFs to develop response plan (SARS)**
- **Jan 04: Avian Influenza appearance in Asia**
- **21 Sep 04: Health Affairs tasker on Avian Influenza readiness,**
- **2 Nov 04: Army MEDCOM tasker to modify SARS plan to include Avian Influenza**

ARMY MEDICINE
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30 Mar 04 MEDCOM Tasker

- **Infectious Disease**
- **Public Affairs**
- **Treatment Facility Considerations**
- **Specimen Collection, Transport, Testing (Laboratory Referral Network, LRN)**
- **Legal Considerations**
- **Pharmacy Support Guidelines**
- **Medical Logistics**
- **MEDCOM Inspector General Role**

Assistant Chief of Staff for Installation Management

- **Installation Commander responsible for installation response to Avian Influenza/SARS**
- **Installation Commander appoints PHEO with RMC CDR recommendation**

Army MEDCOM Status

- **63 PHEOs appointed for 6 Regional Medical CMDs**
- **Installation Medical Emergency Officers and Assistant to the PHEOs being appointed**
- **> 94 percent 65 MTFs and clinics at installations/depots have a Avian Influenza/SARS response plan**

Army MEDCOM Status
(cont)

- **Six full and eleven table top exercises conducted as of Mar 05.**
- **30 Mar 04 tasker required "Communications and planning with local and regional health departments."**

PHEOs/IMEOs/ Assistant to the PHEO

- **<u>PHEOs</u>: Trained in public health**
- **<u>Installation Medical Emergency Officer (IMEO):</u> OIC of clinic/ treatment facility but with minimal public health training**
- **<u>Assistant to the PHEO:</u> Contract physician supporting an installation where no Army clinic exists; may or may not have public health experience.**

Decision Algorithm Emergency Health Powers

- **Keep it simply simple (KISS)**
- **Have total control: No declaration**
- **First indication of loss of control: Declare Emergency Health Powers**

Total Control

- **Confirmed H5N1 case(s) in city**
- **Identified and quarantined <u>all</u> contacts with confirmed patient**
- **14 days have passed without a positive H5N1 case**
- **Continued vigilance**

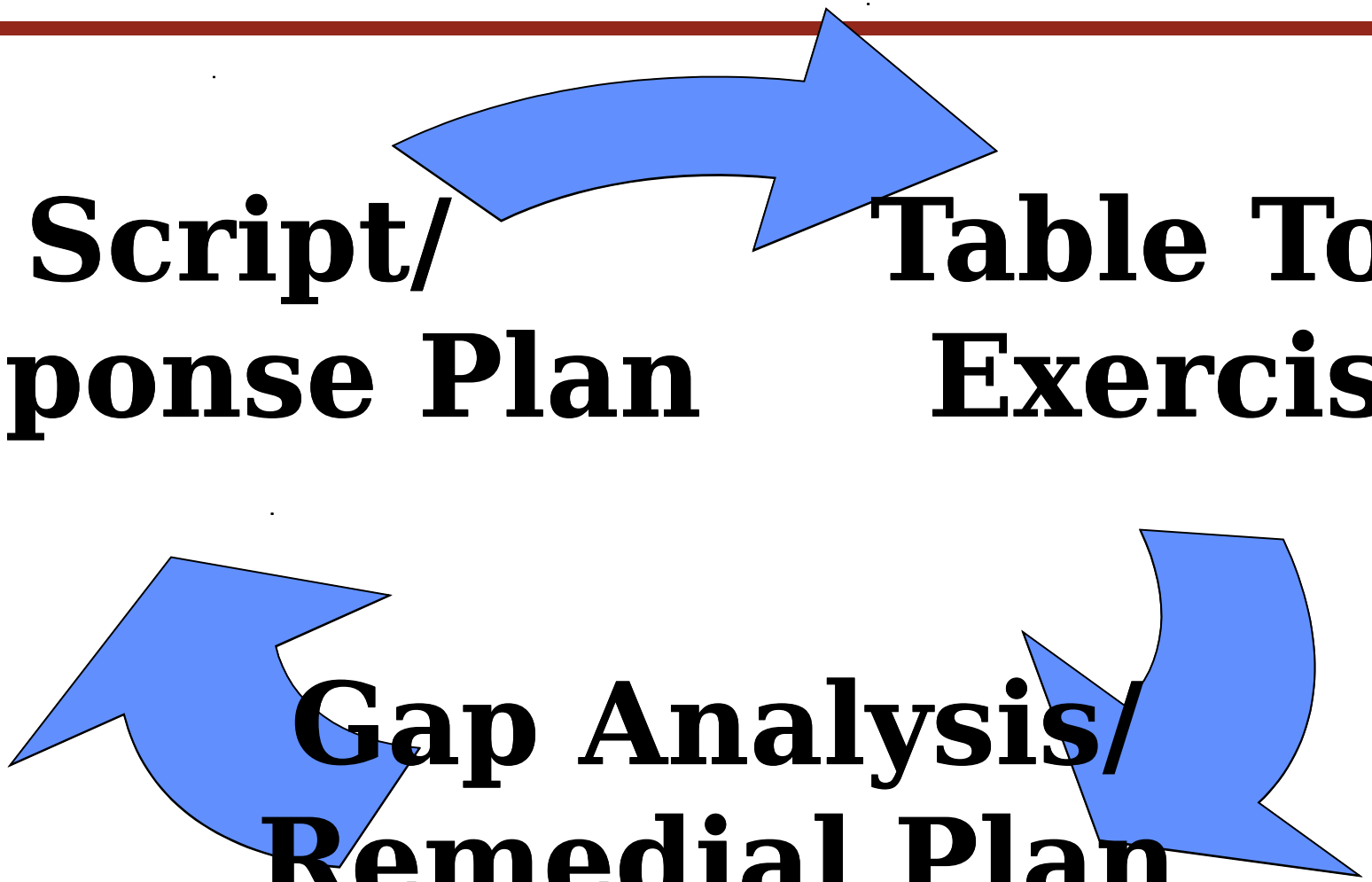
No Total Control

- **Confirmed H5N1 case(s) in city**
- **Have not identified and quarantined all contacts with confirmed patient within 2-3 days**
- **Other positive H5N1 cases are appearing in adjacent and/or in our city**

Way Forward to Ensure Readiness Posture

- **Develop MOA's or reinforce existing agreements of cooperation or standing committees**
- **Table top/actual exercises to failure to identify fatal gaps (learn from Katrina)**
- **Develop remedial plan and apply resources to fix fatal gaps.**
- **Do-Loop to continue to minimize gaps**
- **Use POPM checklist for self-evaluation**
- **Develop template and script for response and follow; script includes lessons learned and is way forward despite PCS and personnel changes**

Do-Loop


esponse Plan
Table Top/
Exercise
Gap Analysis/
Remedial Plan

Conclusion

Immediate response with a good plan is better than a delayed response with an excellent plan.